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Global health and foreign policy: strategic opportunities and challenges

Note by the Secretary-General

The Secretary-General has the honour to transmit a report prepared in collaboration with the Director-General of the World Health Organization and after consultations with Member States, pursuant to General Assembly resolution 63/33.

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Summary

On 26 November 2009, the General Assembly adopted resolution 63/33 on global health and foreign policy, in which it recognized the close relationship between and interdependence of foreign policy and global health; urged Member States to consider health issues in the formulation of foreign policy; and stressed the importance of achieving the health-related Millennium Development Goals. The Assembly requested that the Secretary-General, in close collaboration with the Director-General of the World Health Organization and in consultation with Member States, submit to the Assembly at its sixty-fourth session, in 2009, a comprehensive report, with recommendations, on challenges, activities and initiatives related to foreign policy and global health, taking into account the outcome of the annual ministerial review held by the Economic and Social Council in 2009.

The present report examines the interlinkages between health, poverty alleviation and development, as well as the role of health in the formulation and implementation of foreign policy. Global health touches upon all the core functions of foreign policy: achieving security, creating economic wealth, supporting development in low-income countries and protecting human dignity. Government and non-Government stakeholders have started to recognize the strategic value of how and why the foreign policy community's support for the health sector is vital for advancing both. The need for increased foreign policy and diplomatic activities on global health problems has created opportunities and challenges for those who shape the foreign and health policies of Member States.

The report identifies the health-related challenges that must be addressed by foreign policymakers and the key foreign policy issues that have a significant impact on health. Health-related challenges include:

- Addressing the role of health in national and global security
- Meeting the health-related Millennium Development Goals
- Ensuring access to and affordability of medicines
- Controlling emerging infectious diseases, including sharing biological materials with pathogenic potential, and increasing access to vaccines, drugs and other benefits
- Bolstering international support for strengthening health systems
- Addressing the challenges facing global health governance
- Integrating health into all policies and addressing non-communicable diseases.

Foreign policy issues that affect global health include:

- Security, arms control, armed conflict and post-conflict challenges
- The global economic and financial crisis
- Natural disasters and emergency response
- Climate change
- Food insecurity

- The promotion of health as a human right
- Migration.

The present report also documents a range of activities and initiatives related to foreign policy and global health. The conclusions acknowledge the heightened importance of global health issues in foreign policy; emphasize the need for a more thorough understanding of the relationship between the two; and stress the need for more coherence between Member States' foreign and health policies.

The report presents a number of recommendations that Member States might consider when addressing the issue of foreign policy and global health. The recommendations are organized into five main areas:

- Identify priority global health issues that require foreign policy action and determine how national, regional and global health efforts can contribute to achieving foreign policy goals
- Strengthen the political and institutional foundations for foreign policy action on global health
- Increase the quantity and quality of health information and conduct more joint assessments of foreign policy actions on global health and of global health diplomacy
- Heighten the involvement of, and policy coherence among, diplomatic forums in improving foreign policy efforts on global health
- Train more diplomats and health officials in global health diplomacy and develop training standards and open-source information, education and training resources for this purpose.

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I. Background and context

1. As the report of the Secretary-General on implementing the internationally agreed goals and commitments in regard to global public health (E/2009/81) states, "health is at the heart of the Millennium Development Goals. It is the specific subject of three Goals and a critical precondition for progress on most of them". Similarly, the ministerial declaration on implementing the internationally agreed goals and commitments in regard to global public health adopted at the 2009 high-level segment of the Economic and Social Council (A/64/3, para. 56) clearly articulates the significant interlinkages between health outcomes and a number of sectoral interests that are at the heart of national and international stability such as economic productivity and protecting the most vulnerable in times of crisis (economic crisis, food crisis, climate change, conflicts and natural disasters).

2. Over the past decade, the frequency, severity and political significance of global health problems have produced more awareness and action by countries, international organizations and non-governmental actors on health issues than at any other time in history. Countries have faced the HIV/AIDS pandemic; experienced biological terrorism; responded to the spread of novel viruses; developed initiatives to address the increasing prevalence of non-communicable diseases; embedded health more deeply into development strategies; and increased understanding of the social determinants of health. In addition, policymakers have addressed health dangers arising from armed conflicts, global economic instability, environmental degradation and insecure access to energy and food supplies.

3. These responses to global health challenges are underpinned by the transformation of health from a specialized, technical area into a political and economic concern central to Governments and societies and by the increasing interdependence between health and non-health policy sectors. Independent commissions established by the World Health Organization (WHO), such as the Commission on Macroeconomics and Health and the Commission on Social Determinants of Health, have documented the importance of health in all areas of public policy, including foreign policy.

4. Multisectoral approaches are required to address the complex nature of global health, achieve results and contribute to social stability. These approaches should reflect the close relationship between health and human rights, poverty eradication, hunger and nutrition, education, gender equality, the reduction of inequities and sustainable development.

5. Although health has long been a subject of diplomatic efforts and negotiations among States, in particular with respect to addressing infectious diseases, trade and aid effectiveness, the significance of global health for foreign policy has increased. Global health interacts with the core functions of foreign policy: achieving security, creating economic wealth, supporting development in low-income countries and protecting human dignity. The unprecedented need for increased policy, diplomatic and advocacy activities to identify solutions to global health problems has created challenges and opportunities for those who shape the foreign policies of Member States.

6. In response, foreign policymakers have increasingly addressed and emphasized health through initiatives such as the Millennium Development Goals and the special sessions of the General Assembly on HIV/AIDS and through broader

strategies on development assistance such as the Monterrey Consensus,[1] the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action (A/63/539, annex). Global health is a growing feature of foreign policy, as can be seen from negotiations and treaties on health problems. Examples include the adoption of the International Health Regulations (2005), the WHO Framework Convention on Tobacco Control and intergovernmental negotiations on public health, innovation and intellectual property and on pandemic influenza preparedness, all of which were negotiated in the World Health Assembly.[2]

7. Reflecting on the growing intersection of foreign policy and global health, the General Assembly adopted resolution 63/33 on 26 November 2008, which recognized the close relationship between foreign policy and global health and their interdependence. That resolution focused on the need to strengthen the foreign policy processes of United Nations Member States concerning global health challenges within the United Nations system, in other intergovernmental settings, as part of regional and bilateral relations, and through partnerships with non-governmental entities. It further recognized the leading role of the World Health Organization and its roles and functions with regard to health policy in accordance with its mandate.

8. Co-sponsored by 50 Member States, the resolution highlighted the link between foreign policy and global health and underscored the necessity for greater foreign policy awareness and action on issues affecting health. The General Assembly urged Member States to consider health issues in the formulation of foreign policy; stressed the importance of achieving the health-related Millennium Development Goals; and called for enhanced coordination within the United Nations system on global health issues (resolution 63/33, paras. 2-4).

9. The resolution requested the Secretary-General, in close collaboration with the Director-General of WHO and in consultation with United Nations Member States, to prepare the present report, which examines key challenges facing global health as a foreign policy objective, describes initiatives and activities that attempt to improve how foreign policy processes incorporate and advance global health and makes recommendations for strengthening global health as a strategic foreign policy interest of Member States (resolution 63/33, para. 5).

II. Priority global health issues for foreign policymakers

10. Consultations with Member States, the Office of the Secretary-General, concerned United Nations agencies and WHO helped to reveal which issues should receive priority in strengthening the foreign policy contribution to global health. The present report was also informed by the outcome of the 2009 annual ministerial review of the Economic and Social Council on implementing the internationally agreed goals and commitments in regard to global public health.

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[1] *Report of the International Conference on Financing for Development, Monterrey, Mexico, 18-22 March 2002* (United Nations publication, Sales No. E.02.II.A.7), chap. I, resolution 1, annex.

[2] World Health Assembly resolutions WHA56.1, WHA58.3 and WHA61.21.

A. Health-related challenges facing foreign policymakers

11. The consultation process revealed that more and better foreign policy advocacy and engagement regarding seven key health-related problems could improve collective action on global health and, potentially, global health outcomes.

1. Addressing the role of health in national and global security

12. In an era of rapid global travel, extensive migration and increased urbanization, the frequency and number of new and re-emerging health threats that can quickly spread across borders and significantly affect societies and economies have grown. Pandemic influenza A (H1N1) is the latest in a series of such threats. In addressing these threats, Governments and international organizations have learned that protecting individuals and societies against pathogens, unsafe products, pollutants and fallout from natural disasters and humanitarian crises requires high-level political commitment, intervention and coordination. A number of risks, particularly those stemming from infectious diseases, such as HIV/AIDS, influenza A (H5N1), pandemic influenza A (H1N1) and antimicrobial resistance, and from biological terrorism, are now frequently framed as security problems, requiring a health and foreign policy response. For example, the Security Council's willingness, in 2000, to address HIV/AIDS as a threat to international peace and security highlighted this new dimension of foreign policy. These issues are of relevance to Ministries of Foreign Affairs because they have a responsibility to address the security threats facing their own countries and the international community.

2. Meeting the health-related Millennium Development Goals

13. The Millennium Development Goals are the leading framework for United Nations system efforts to advance human development. Three of the eight Goals are health-related, namely to combat HIV/AIDS, tuberculosis and malaria; reduce child mortality; and improve maternal health. The monitoring of the progress towards achieving these Goals has shown that specific goals and targets will not be met by 2015, without significant attempts to strengthen efforts. In its resolution 63/33, the General Assembly therefore emphasized the importance of achieving the health-related Millennium Development Goals (para. 3). The political commitment and economic resources needed for this strategy can best be summoned through high-level foreign policy action by States. Many summit declarations relevant to the achievement of the Millennium Development Goals, such as those made by the Group of Eight and the Group of Twenty, require foreign policy attention and political commitment.

3. Ensuring access to and affordability of medicines

14. Ensuring rapid development and dissemination of information, health technologies, medicines and vaccines and ensuring accessibility by the world's poor and most vulnerable populations remains a serious challenge that requires significant foreign policy involvement, especially in the context of intergovernmental negotiations. This involves trade issues, policies to foster innovation and support for enhanced development policies to ensure sustainable financing and more effective supply chains.

15. The report by the WHO-convened Intergovernmental Working Group on Public Health, Innovation and Intellectual Property and the associated global strategy and plan of action were successfully negotiated by a large number of stakeholders seeking to create a supportive environment for future innovations. The action plan outlines a medium-term framework to secure an enhanced and sustainable basis for needs-driven, essential health research and development for diseases disproportionately affecting developing countries.[3]

16. A number of negotiated multilateral agreements and subsequent bilateral and regional agreements have had a significant impact on increasing access to medicines. These include the World Trade Organization agreements that have implications for health, such as the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), the Agreement on Technical Barriers to Trade and the General Agreement on Trade in Services (GATS). These agreements address the issue of patent protection of medicines and other health-related products and its potential impact on their affordability and accessibility. The Fourth Ministerial Conference of the World Trade Organization held in Doha in November 2001 adopted a declaration allowing members to take measures to protect public health; a waiver granting this flexibility was adopted on 30 August 2003. These agreements and measures equally have implications for traditional medicine. The ministerial declaration on implementing the internationally agreed goals and commitments in regard to global public health adopted by the Economic and Social Council further reaffirmed the right to use, to the full, the provisions contained in the TRIPS Agreement.

4. Controlling emerging infectious diseases, including sharing biological materials with pathogenic potential, and increasing access to vaccines, drugs and other benefits

17. The recent influenza A (H1N1) pandemic is a reminder that diseases know no borders and that collective, global action is required to deal with them. The current situation, in particular, has once again made it clear that preparedness and timely information are key to managing and containing potential pandemics. The WHO International Health Regulations (2005) are an example of a critical international compact that delineates the key obligations of countries and of WHO in responding to any public health emergency of international concern, whether it is of biological, chemical or radiological origin. The Regulations enhance the ability of countries to rapidly identify, define and respond to emerging health threats.

18. In order to improve the response to and preparedness for future outbreaks, the international community must take three immediate steps. Firstly, States must reach agreement on sharing samples of viral and other materials and data on outbreaks, in line with the International Health Regulations (2005). Secondly, they must agree to establish coordinated long-term financing mechanisms for supporting poorer countries, so that they are able to build their defences against global health threats. Thirdly, they must ensure that WHO and United Nations partners have all the resources they need, on a timely basis, to fulfil their obligations under the International Health Regulations (2005).

[3] See World Health Assembly Document A61/9 and World Health Assembly resolution WHA61.21.

19. However, global efforts to craft surveillance and response capabilities against avian influenza A (H5N1) have been complicated by disagreements among countries on sharing samples of biological materials and the benefits (vaccines, drugs, diagnostics) that might arise from conducting research on such samples.

20. The complexity of the political, economic and epidemiological factors affecting this issue requires the involvement and negotiating skills of foreign ministries, which must work with public health experts to achieve the required balance between sharing biological materials for surveillance purposes and improving access to benefits derived from such materials, especially for low-income countries. The ministerial declaration of the 2009 high-level segment of the Economic and Social Council on implementing the internationally agreed goals and commitments in regard to global public health recognized the need for a fair, transparent, equitable and efficient framework for the sharing of H5N1 and other influenza viruses with human pandemic potential, and for the sharing of benefits, including access to and distribution of affordable diagnostics and treatments, including vaccines, to those in need, especially in developing countries, in a timely manner. It further called for strengthening surveillance and response capacity at the national, regional and international levels through the full implementation of the International Health Regulations.

21. Support and engagement on the part of the foreign policy community can aid WHO and Member States in their efforts to craft a framework for a predictable and equitable global response to pandemics that will enable low- and middle-income countries to provide vaccines and medicines to vulnerable groups. Future responses to pandemics will rely on the timely sharing of biological materials and on the equitable sharing of benefits.

5. Bolstering international support for strengthening health systems

22. Global health efforts over the past 10 to 15 years have underscored another lesson for foreign policymakers: without robust national health systems, national and international actions against health threats suffer. The goal of strengthening health systems is complicated by many problems, including foreign aid levels and the migration of health workers from low-income countries. Foreign policymakers can advocate for increased financial support and better coordination between health and development ministries and create policy coherence among competing national interests.

23. The health workforce crisis merits particular mention. The lack of health workers within countries and regions, particularly sub-Saharan Africa, and the shortage and imbalanced distribution of health workers throughout the world undermines the operation and sustainability of health systems. Managing the national and international migration of health workers, attracting and motivating them to remain in their workplaces, and encouraging them to work effectively and productively involves numerous challenges. International migration of health workers has increased worldwide over the past few decades, especially from lower-income countries whose health systems are already very fragile. To address this situation, the World Health Assembly called for the development of a code of practice on the international recruitment of health personnel,[4] which led to a multi-stakeholder process to articulate the content of the code and define a set of actions.

[4] World Health Assembly resolution WHA57.19.

24. Health systems provide the foundation for the dramatic scale-up of interventions that is needed to meet the health-related Millennium Development Goals and to respond to emerging health threats subject to the International Health Regulations (2005). The renewal of primary health care[5] seeks to advance the goal of universal coverage, in part through efforts to ensure well-managed, adequately staffed and well-equipped health systems that can deliver prevention and care interventions, with the participation of the community. The development of disease-specific programmes is equally essential.

25. Ensuring effective, well-functioning health systems is central to improving maternal and child health, an area that remains constrained by some of the largest health inequities in the world and by the slow progress in achieving Millennium Development Goals 4 and 5. Effective maternal health programmes cannot be developed unless health systems are strengthened. In this regard, the foreign policy community must strive to increase political will, commitment and engagement and international cooperation and assistance, so that the accessibility, availability, acceptability and affordability of health-care services, skilled health workers, facilities, infrastructure and nutritional support for all women and children, in sub-Saharan Africa in particular, are ensured.

26. Without urgent improvements and long-term commitments to make health systems functioning, accessible and affordable, the health Millennium Development Goals will be difficult to achieve. The Secretary-General has identified the need to strengthen health systems as a critical area that needs concerted action across and beyond the United Nations system, and has made this a priority for his tenure. He has engaged, in particular, in the efforts to address the human resource crisis and in social health protection, which is essential to protect the poor from catastrophic out-of-pocket health expenditures. Given the national context for health systems and the existence of several global initiatives financially supporting health, foreign policy community engagement to advocate and support the strengthening of health systems is key to securing future sustainable action and support.

6. Addressing the challenges facing global health governance

27. In the past 10 to 15 years, the number of global health actors, strategies, initiatives, diplomatic forums and funding mechanisms has multiplied. At the same time, globalization has led to an increase in health risks, as well as opportunities to address them. There is growing recognition of the need to strengthen health and non-health forums to address heightened public health risks and of the need to take advantage of new opportunities to protect health and better ensure the achievement of the Millennium Development Goals. In this regard, WHO, whose role in providing governance and setting norms within the United Nations system has become particularly important, can provide the necessary expertise. Improving global health governance can benefit from the increased engagement of the foreign policy community, including enhanced national health and foreign policy ministry linkages and coordination, given the diverse sectors affected by global health.

28. The Secretary-General has explicitly stressed the need for Member States and the United Nations to involve and work with civil society, the private sector, foundations and academia. To that end, he has brought together leaders of United

[5] World Health Assembly resolution WHA62.12.

Nations entities, representatives from key civil society organizations, chief executive officers of private sector institutions, heads of major foundations and representatives from the academic world who are active in global health issues, to join forces for priority global health issues. In setting the tone for the foreign policy community, he has underlined the need for common advocacy and communications efforts and has raised political attention to key health issues, such as maternal health, neglected tropical diseases, non-communicable diseases and the need to strengthen health systems. His work in this area has also benefited from joint cooperation with the actors concerned.

7. Integrating health into all policies and addressing non-communicable diseases

29. A report by the Commission on Social Determinants of Health[6] calls for international action to improve living conditions, tackle the inequitable distribution of resources and measures, understand and assess their impact through strengthened public policies. It has become clear that policies and actions outside the health sector have an enormous effect on health, be it detrimental (air pollution, water pollution or environmental contamination) or positive (education, gender equality, healthy environmental policies). However, health ministries in many countries have had difficulty coordinating with other sectors and influencing policies beyond the health system for which they are responsible. Decision makers should approach their policies by considering the effects on health from these other intersectoral perspectives, known as "health in all policies". The foreign policy community, in particular, can make greater efforts to support the intersection among these policy arenas. When such intersectoral collaboration has been successful, the health benefits have been considerable. Similarly, decision makers should act consistently, across different sectors, to ensure adherence to their health-related human rights obligations.

30. For many countries around the world, it will be impossible to improve global health without addressing the growing burden of health problems associated with non-communicable diseases. Chronic diseases such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes are by far the leading cause of mortality in the world, representing 60 per cent of all deaths, with 80 per cent occurring in low- and middle-income countries. These diseases are preventable, but require concerted action by all. For example, concerted action among States and stakeholders led to the adoption of the Framework Convention on Tobacco Control and other less formal codes that have contributed significantly to the control of certain chronic diseases.

B. Foreign policy issues affecting global health

31. The second category of priority issues involves those that generate potential opportunities to support or harm national and global health. Although some of these issues originate outside the health sector, they can have adverse consequences for health and must be addressed by health ministries and international health organizations. The primary objective of increasing the foreign policy community's

[6] See Commission on Social Determinants for Health, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Final Report of the Commission on Social Determinants of Health*, WHO, 2008.

sensitization to health is to improve coherence between foreign and health policies, through heightened awareness of the health implications of policies adopted in non-health sectors.

1. Security, arms control, armed conflict and post-conflict challenges

32. Traditionally, foreign policy aims to ensure States' national security, and many security problems create dangers for national and global health. These dangers include the proliferation of weapons of mass destruction, the deployment of weapons that cause indiscriminate death and injury, the inhumane conduct of armed conflict and the emergence of health crises in post-conflict contexts. Given the limited ability of the health sector to shape policy in these areas, foreign policymakers can contribute more effectively to health outcomes by using, among other policy tools, a "health lens" to make, monitor and measure progress on national and international security strategies.

33. Evidence has shown that the countries farthest from reaching the Millennium Development Goals are in, or are emerging from, conflict. The lack of progress in health in these countries is undermining global progress on the health and non-health Goals. Political violence and conflict generate health risks in the short run. However, it is in the longer term that the impact of the conflict on health is most devastating, especially with respect to mental health. Serious interruptions and even collapse of the health-care systems also prevent access to basic health care, despite the increased needs related to the crisis. Attempts to accelerate past achievements in the health-related Millennium Development Goals may be hampered by the loss of capacity and, in some cases, near collapse of public health systems. Conflicts also lead to high population mobility, which can cause further spread of disease.

34. Frequently, conflict has a negative impact on development work in other areas linked to health and health-care delivery. For example, it is not uncommon for relief and reconstruction efforts to be hampered by a multitude of problems, ranging from communications and logistics to governance at the national and local levels. Ensuring unimpeded access to health assistance is also a goal to be achieved. The transition from relief to development poses unique challenges for the health sector and requires the adoption of measures directed at re-establishing the regular course of economic and social life. Extra efforts to strengthen institutional capacity to pursue longer-term health development goals and discharge essential public health functions must be part of the broader recovery strategy.

2. Global economic and financial crisis

35. As WHO and the World Bank predicted, the global economic and financial crisis is having deleterious consequences for health, especially among vulnerable populations and low-income countries. Health experts can identify and measure these consequences but, without the leadership of foreign ministries and diplomats, their input can end up being marginalized in the politics and diplomacy surrounding the mitigation of the crisis. Leadership from foreign policymakers in advocating for the health aspects of the crisis is therefore essential.

36. The scale and reach of the current financial crisis has left the world economy facing a rapidly deteriorating outlook: the crisis has led to a credit crunch and lowered asset values, constraining household spending and curtailing production

and trade. Global output and trade plummeted in the final months of 2008. The world economy is forecast to contract by about 2.0 per cent in 2009,[7] with more pessimistic scenarios possible, and growth in emerging and developing economies slowing.[8]

37. Under these conditions, achieving the Millennium Development Goal of halving extreme poverty and hunger in the world by 2015 will be difficult. The crisis will affect all countries, with a serious and disproportionate impact on the poorest and those most isolated. Livelihoods of rural and urban poor families are already deteriorating rapidly. Government expenditures and social protection systems will be negatively affected. Jobs are being lost in most parts of the world at a quick pace, with women being disproportionally affected in the developing world, where almost two thirds work in vulnerable jobs and as unpaid family workers. Women are also disproportionately represented in part-time, seasonal and short-term informal jobs and therefore are deprived of job security and benefits. The cumulative impact of these factors has a very negative effect on people's health.

38. In this time of crisis, all Governments and political leaders must maintain their efforts to strengthen and improve the performance of their health systems, protect the health of the people of the world, and in particular of those who are most fragile. It is therefore imperative to counter this period of economic downturn by increasing investment in health and the social sectors and building on our past successes. Actions include the need to *protect the poor*, particularly in the light of the global economic crisis, food insecurity and climate change; *promote economic recovery* through investment in social sectors and in human capital; healthy human capital is the foundation of economic productivity and can accelerate recovery towards economic stability; *promote social stability* through equitable distribution of health care, thereby contributing to social cohesion and protecting against national and international social unrest and; *encourage efficiency* through social protection, using prepayment with pooling of resources to finance health expenditure.

3. Natural disasters and emergency responses

39. Natural disasters place enormous stress on societies and Governments and usually have adverse health consequences for the victimized populations. Inequities in health increase during times of crises, requiring special efforts to meet the needs of the poorest and most vulnerable. In addressing such humanitarian crises, foreign policymakers must ensure that Governments are able to adequately prepare for and respond to natural disasters. Embedding health considerations into policy strategies and legal frameworks on preparing for and responding to natural disasters is critical, and lessons learned in this area can be helpful in the formulation of foreign policy responses to other health-adverse crises, including energy, food and economic crises.

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[7] United Nations, Department of Economic and Social Affairs, *World Economic Situation and Prospects: update as of mid-2009* (forthcoming), updating United Nations publication, Sales No. E.09.II.C.2.

[8] World Bank, "Crisis hitting poor hard in developing world", Press Release No. 2009/220/EXC, Washington, D.C., 12 February 2009.

4. Climate change

40. Governments are currently engaging in climate change politics and diplomacy in the context of the upcoming Climate Change Conference in Copenhagen in December 2009. The population-centric epidemiological approach used in public health could inform the adaptation of policies and strategies for mitigating the effects of climate change and the adaptation of social systems to the ecological changes that global warming may cause. Concerning integrating health into climate change negotiations, lessons on how health concerns are reflected in negotiations on non-health issues, such as the international humanitarian law governing armed conflict, and in the principles of international disaster relief, could be of benefit to foreign policymakers.

41. Climate change modifies the physical and socio-economic conditions within which life occurs, thus influencing human health. It affects fresh water supply, agricultural productivity, frequency and distribution of disastrous weather events, as well as characteristics and occurrence of vector-borne diseases. These in turn directly and indirectly affect socio-economic conditions. Shortages of potable water caused by increased flooding, higher rates of water-borne diseases and acute diarrhoea will further exacerbate social tensions and reduce social stability. In the long run, the greatest health impacts may not be from acute shocks such as natural disasters or epidemics, but from the accumulated effects of a changing climate on those systems that sustain health, and which are already under stress in much of the developing world.

5. Food insecurity

42. The global food crisis in 2008 created problems for global health (malnutrition) because of the lack of access to affordable and safe food. Although the crisis passed as global food prices declined in the latter half of 2008, it revealed how vulnerable many societies are to price and supply volatility in the food sector. The underlying causes of such volatility have not disappeared, and the world remains vulnerable to more food price or supply shocks. For this reason, foreign policy action on the problem of food insecurity is a priority global health need. The High-level Task Force on the Global Food Security Crisis, established by the Secretary-General in April 2008 and composed of the heads of the United Nations specialized agencies, funds and programmes, Bretton Woods institutions and relevant parts of the United Nations Secretariat, promotes a unified response to the challenge of achieving global food security and is an example of broader, multisectoral action, including foreign policy. The Comprehensive Framework for Action outlines a twin-track approach — investing in food assistance and social safety nets for those most in need, and at the same time scaling up in investment in agriculture in developing countries, increasing opportunities for people and enabling them to feed themselves, ensure adequate nutrition and sustain an increase in income. Continued priority to the food and nutrition security of vulnerable groups is necessary to achieve Millennium Development Goal 1, as well as all health-related Goals and the Goals as a whole.

6. Promotion of health as a human right

43. The WHO Constitution, numerous international and regional treaties, and national constitutions enshrine the enjoyment of the highest attainable standard of

health as a fundamental human right. This right encompasses not only accessible, affordable, culturally acceptable and high-quality health care but also underlying determinants of health, such as access to safe and potable water, adequate sanitation and health-related education and information. It obligates Governments to take steps individually and through international assistance and cooperation, especially economic and technical, to the maximum of available resources, with a view to progressively achieving its full realization. Upholding health as a human right helps keep health higher on the political agenda and means that health is the responsibility of the Government as a whole. There are United Nations human rights treaty bodies that review the deliberate, concrete and targeted steps being taken by States to meet their health-related human rights obligations. There is also a Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, who reports to the Human Rights Council and the General Assembly. Increased attention by the foreign policy community to health as a human right is required to further strengthen this right and empower people to demand that it be respected, protected and fulfilled in all Member States.

7. Migration

44. Movements of populations within and across borders is far more significant today than in the past, and, while these domestic and transnational movements contribute positively to development, they also contribute to the spread of disease, deterioration in social determinants of health (increased poverty along with intensified urbanization) and pressure on weak, vulnerable health systems. There are many overlapping categories of migrating populations. Conditions surrounding the migration process can increase vulnerability to ill health, including marginalization, stigma, violence and exploitation, for certain populations.[9] Addressing migration itself is beyond the remit of the health sector; it requires that foreign ministries understand the need to cooperate with other countries and international organizations to deal with the root causes and consequences of migration. The World Health Assembly resolution on the Health of Migrants,[10] calls on Member States to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migratory process. This provision is particularly relevant in the context of the foreign policy and global agenda and is vital to achieve the necessary intercountry consensus, shared values, harmonized health protocols and multisectoral dialogue to promote better health for migrant populations.

III. Public health and foreign policy in action: initiatives and activities on strengthening the link between global health and foreign policy

45. In its resolution 63/33, the General Assembly requested the Secretary-General to submit a comprehensive report on activities and initiatives related to foreign policy and global health (para. 5). The present chapter describes activities and initiatives in different contexts, in order to provide a picture of public health and foreign policy in action. This overview does not mention every activity or initiative

[9] World Health Assembly report A61/12.

[10] World Health Assembly resolution WHA61.17.

but rather presents a representative spectrum of such efforts within countries, in different international forums and among non-governmental actors.

A. Initiatives and activities at the national level: integrating global health in foreign policy aims and processes

46. A number of Governments have realized that, because their foreign ministries are obliged to address global health problems more and more frequently, it would be beneficial to develop specific national strategies to create more effective foreign policy action on global health. To date, the two leading examples are Switzerland, which developed a strategy called *Swiss Health Foreign Policy* in 2006, and the United Kingdom of Great Britain and Northern Ireland, which issued a Government-wide *Health is Global: A UK Government Strategy 2008-13* in 2008. These efforts have increased interest in other countries on potentially moving towards formal, coordinated foreign policy strategies and global health. Other countries such as Brazil, France and Thailand have increased national policy coordination and coherence on foreign policy and global health, without producing formal strategy documents.

B. The Foreign Policy and Global Health Initiative

47. In September 2006, the Ministers for Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand launched the Foreign Policy and Global Health Initiative because they wanted to "build the case for why global health should hold a strategic place on the international agenda". In their Oslo Ministerial Declaration,[11] they outlined an agenda for action based on building capacities for global health security, facing threats to global health security and making globalization work for all. The Initiative has become one of the most prominent efforts in strengthening the foreign policy importance of global health, and the membership may grow beyond its founding members. The seven countries that launched the Foreign Policy and Global Health Initiative were instrumental in proposing resolution 63/33 and shepherding it through the General Assembly.

C. Initiatives and activities within international and regional organizations

48. Many international and regional organizations are paying increased attention to foreign policy action on global health. As the United Nations specialized agency for global health, WHO is a hub for foreign policy action; it has increasingly engaged in initiatives and activities that heighten the foreign policy-global health linkage, including the adoption of the International Health Regulations (2005) and the Framework Convention on Tobacco Control. WHO has also taken steps to deepen understanding of the foreign policy-global health relationship by commissioning research, sponsoring symposiums, creating a unit on the topic and supporting the development, with the support of the Rockefeller Foundation and the

[11] Oslo Ministerial Declaration — global health: a pressing foreign policy issue of our time", *The Lancet*, vol. 369, No. 9570, pp. 1373-1378.

Foreign Policy and Global Health Initiative, of an informal global network on foreign policy and health, including global health diplomacy.

49. The United Nations has also witnessed many activities highlighting the importance of global health in foreign policy. These include the Security Council's interest in HIV/AIDS, the General Assembly special sessions on HIV/AIDS, the Organization's support for the Millennium Development Goals, the World Bank's efforts to highlight health as a key component of economic development and the appointment of the United Nations System Influenza Coordinator. In addition, the Secretary-General has identified the challenge of making people's lives healthier as a touchstone of the effectiveness of United Nations reform.

50. A new set of international initiatives to mobilize interest in and support for health has engaged the foreign policy community to a much greater extent than in the past. These include the High-level Task Force on Innovative International Financing for Health Systems, the Leading Group on Innovative Financing for Development, the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Drug Purchase Facility (UNITAID), the Millennium Foundation, the International Health Partnership, the Global Campaign for the Health MDGs and several similar efforts. Conversely, efforts to negotiate ways of enhancing aid effectiveness increasingly involve foreign policy interest and engagement, including the work of the Organization for Economic Cooperation and Development and the adoption of agreements such as the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action.

51. In the past 10 to 15 years, health issues have appeared more frequently on the agendas of regional organizations all over the world. For example, regional organizations, such as the Association of South-east Asian Nations, the Asia-Pacific Economic Cooperation forum, the European Union, the African Union, the Common Market of the Southern Cone, the Union of South American Nations and the Shanghai Cooperation Organization have taken steps to improve regional cooperation on health, including by holding meetings of health ministers, issuing declarations on specific health challenges, negotiating common strategies on health threats, cooperating on pandemic influenza preparedness, supporting access to universal health systems, addressing the social determinants of health, increasing access to medicines, enhancing human resources for health and creating new surveillance, response, pharmaceutical and e-health capabilities.

D. Other intergovernmental processes, including bilateral relations

52. Other intergovernmental processes have also engaged in more health-related foreign policy initiatives. For example, the Group of Eight has become one of the more important actors in global health because it has made many commitments in this area, including supporting the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, increasing access to HIV/AIDS treatment, supporting polio eradication and strengthening health systems in low-income countries. High- and middle-income countries have also cooperated on establishing new financing mechanisms for global health. These mechanisms include the International Finance Facility for Immunization, UNITAID, the Advance Market Commitment for pneumococcal disease and the Millennium Foundation.

53. With respect to intergovernmental processes based on religious affiliation, the Organization of the Islamic Conference (OIC) has made health issues more prominent, with OIC health ministers adopting their first two resolutions in 2007 and 2009. These resolutions addressed issues as diverse as the combating of malaria, polio eradication, emerging biosecurity issues, tobacco control, health equity, and emergency preparedness and response. OIC has also agreed to work with the United States of America on the global eradication of polio. Another intergovernmental process, the Community of Portuguese-Speaking Countries, has also incorporated health initiatives in its endeavours, including work on the development of health workforces, health promotion, surveillance, and health information and communication.

54. Regarding bilateral relations, many countries have undertaken activities on health as part of their foreign policies. Some of the best-known bilateral initiatives have been introduced by the United States, with the President's Emergency Plan for AIDS Relief being the largest bilateral health programme ever launched. Bilateral health activities also figure in the development assistance provided by donor countries, which often direct aid into disease-specific or health-related projects in recipient low-income nations. Other bilateral initiatives include the export of health personnel and the use of hospital ships to deliver health care to low-income countries, as forms of health diplomacy.

E. Non-governmental and academic initiatives and activities

55. The rise of global health as a foreign policy issue has captured growing interest among non-governmental entities such as philanthropic foundations, advocacy non-governmental organizations (NGOs), think tanks and academic institutions. For example, WHO is developing a global network on global health diplomacy, with the support of the Rockefeller Foundation, which draws on NGOs, think tanks and academic institutions that teach global health and foreign policy and global health diplomacy.

56. Non-governmental actors are conducting research, policy analysis and advocacy; providing educational opportunities; and designing training programmes. At present, such non-governmental efforts are most common in high-income countries, particularly among academic institutions in Canada, Sweden, Switzerland, the United Kingdom and the United States, although they are increasing in other countries as well. The emergence of the Foreign Policy and Global Health Initiative reflects increased attention among institutions in its member countries, as well as in countries such as China, India and the Russian Federation.

57. Funding for foreign policy and health-related research and capacity-building has been provided by non-governmental and governmental sources such as the Bill and Melinda Gates Foundation, the Rockefeller Foundation, Switzerland, the European Union, and institutions in the United States and the United Kingdom.

IV. Conclusions and recommendations

A. Conclusions

58. The level of foreign policy involvement and interest in global health has grown dramatically, making the relationship between global health and foreign policy an increasingly important issue for the United Nations, WHO, many intergovernmental organizations and processes and national Governments. This change reinforces the importance of concerted and sustained international cooperation through global health initiatives, health-sensitive multisectoral policies and advocacy for improved individual, national and global health outcomes.

59. Foreign policymakers and global health experts have expressed the need for a common framework that emphasizes the importance of addressing global health challenges, in order to provide human, national and international security; achieve national, regional and global economic well-being; foster economic and social development in low-income countries; and promote human dignity through the protection of human rights and the delivery of humanitarian assistance.

60. Global health issues and initiatives appear with increasing frequency in all foreign policy contexts, including bilateral relations, regional organizations, other intergovernmental processes and multilateral institutions.

61. Foreign policy has a clear role to play in catalysing and supporting responses to key urgent health-related challenges as well as non-health problems that adversely affect national and global health.

62. Increased dialogue on foreign policy and health, joint analyses of problems and cooperation, at the international, regional and national levels, among key concerned institutions, organizations, ministries and other interested stakeholders can improve policy coherence across sectors and international organizations and lead to better outcomes for global health and foreign policy.

63. A better understanding of the nature, extent, intensity and effectiveness of foreign policy action on global health is needed, particularly as foreign policy activities on global health increase in bilateral, regional and multilateral contexts. This goal requires more systematic cataloguing and analyses of foreign policy activities, including documenting the political processes through which foreign policymakers take up and act upon global health issues and assess the impacts of global health on foreign policy.

64. Similarly, in order to secure greater foreign policy community engagement and support, it is necessary to identify priorities issues for the health sector/foreign policy dialogue and mutual action. In particular, it would be beneficial to determine ways in which national foreign policy ministries and mechanisms could be used to advance health, including securing necessary funding. Health ministries and health personnel could also benefit from a better understanding of foreign policy dynamics.

65. Formal, cross-Government strategies and coordination processes are a promising way to improve foreign policy acumen, capabilities and performance in the area of global health.

66. Leadership and initiative on strengthening the relationship between global health and foreign policy from geographically representative groups such as the

Foreign Policy and Global Health Initiative, regional organizations and multilateral institutions, such as the United Nations and WHO, are important in advancing global health as a strategic foreign policy interest.

B. Recommendations

67. Member States may wish to consider the following recommendations bearing in mind the respective roles and responsibilities of national ministries and intergovernmental organizations, including the United Nations and WHO:

(a) **Identify priority global health issues that require foreign policy action and determine how national, regional and global health efforts can contribute to achieving foreign policy goals.** Conduct inventories of country and multilateral institution foreign policy activities on global health, including their internal governmental and inter-agency processes, in order to generate a comprehensive picture of how global health and foreign policy are linked;

(b) **Strengthen the political and institutional foundations for foreign policy action on global health** by emphasizing that global health is an integral component of achieving security, prosperity, equity and dignity, at the national level and across the international community, and as such, is a strategic interest of foreign, health and global policies. In so doing:

(i) Develop strategies to guide foreign policymakers, health experts and inter-agency coordination mechanisms in pursuing global health as a strategic foreign policy interest;

(ii) Make health protection a goal of policies for responding to large-scale crises such as food shortages, global economic crises, climate change and post-conflict reconstruction and development, in the same way that health considerations are embedded in policy and legal frameworks for responding to natural disasters and the conduct of armed conflict;

(iii) Work with other countries and partners to prevent or minimize emerging or re-emerging threats to global health including, where appropriate, the negotiation of new strategies for effective collective action;

(c) **Increase the quantity and quality of health information available to decision makers, as well as the number of joint analyses of foreign policy interactions with global health and global health diplomacy.** In so doing:

(i) Systematically collect, analyse and disseminate best practices on integrating and pursuing global health as a strategic foreign policy interest and increase the health sector's appreciation of health and diplomacy. Ensuring coordinated, synthesized and available health information is essential to support health and foreign policy dialogue and action;

(ii) Engage in more rigorous and transparent monitoring and assessment of foreign policy initiatives and activities on global health;

(d) **Heighten the involvement of, and policy coherence among, diplomatic forums in improving foreign policy efforts on global health** by working within existing health and non-health diplomatic forums to promote policy coherence, mitigate risks and take advantage of opportunities in global health. This

may include engaging with foreign policy and diplomatic processes that have not, to date, focused much attention on global health, such as the Peacebuilding Commission;

(e) **Increase the capacity and training of diplomats and health officials in global health diplomacy and develop training standards and open-source information, education and training resources for this purpose.** The particular needs of low-income countries should be taken into account. WHO should work with partners to encourage the development of globally accessible, open-source curriculum, education and training materials and programmes designed to improve the knowledge and skills of foreign policymakers and global health experts in global health and health diplomacy. Where appropriate, standards and curricula should be developed for training foreign policy and health personnel in global health diplomacy, particularly in national and regional schools and foreign affairs institutes.